Attachment 6

CIP Submission

- Tables P, Q, R (from eCIP)
- Form S
- Form PAB

REPORT: TABLE P - CAPITAL PROJECT DETAILS PROGRAM ID: AGR-101 CAPITAL PROJECT: SAMPLE

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EXPENDING AGENCY	AGR
ITEM NUMBER	
PROJECT SCOPE	N - NEW PROJECT
REP DISTRICT	100
ISLAND	3 - HAWAII
PRIORITY NUMBER	
SENATE DISTRICT	10

PROJECT TITLE: PROJECT TITLE, ISLAND

PROJECT DESCRIPTION.
PLANS, LAND ACQUISITION, DESIGN, CONSTRUCTION AND EQUIPMENT FOR NEW PROJECT. COST ELEMENT LANGUAGE MUST MATCH COST ELEMENT SOR REQUESTED APPROPRIATIONS.

PART I: BY ELEMENTS	MOF	MOF PRIOR YR FY 2007-08	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2008-09 FY 2009-10 FY 2010-11 FY 2011-12 FY 2012-13 FY 2013-14 FY 2014-15	SUCC YR
PLANS	*	0	0	0	Į.	0	0	0	0	0	0
LAND ACQUISTION	*	0	0	0	—	0	0	0	0	0	0
DESIGN	*	0	0	0	τ-	0	0	0		0	0
CONSTRUCTION	*	0	0	0	0	_	0	0	0	0	0
EQUIPMENT	*	0	0	0	0		0	0	0	0	0
TOTAL COST		0	0	0	3	2	0	0	0	0	0

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/ 2008-09 FY 2009-10 FY 2010-11 FY 2011-12 FY 2012-13 FY 2013-14 FY 2014-15 SUCC YR		
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ART II: BY MEANS OF FINANCE MOF PRIOR YR FY 2007-		H
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REPORT: TABLE Q - CAPITAL PROJECT DETAILS PROGRAM ID: AGR-101 CAPITAL PROJECT: SAMPLE

C						
<u>C</u>		START DATES	S	COM	COMPLETION DATES	ES
	RIGINA	ORIGINAL CURRENT ACTUAL	ACTUAL	ORIGINAL	ORIGINAL CURRENT ACTUAL	ACTUAL
PHASE	NO No	MO YR MO YR MO YR	MO YR		MO YR MO YR	MO YR
PLANS 0	07 09					
SITE SELECTION 0	07 09					
SITE ACQUISTION 0	08 09					
DESIGN 1	12 09					
CONSTRUCTION 1	12 08					
EQUIPMENT 1	12 09					
OCCUPANCY 0	01 10					

S)	UTILITIES	0
JGET (IN THOUSANDS	OTHER EXPENSES	0
N OPERATING BUDGET (II	MAINTENANCE	1
FECTS 0	SALARIES	0
	TOTAL	~

EXPECTED EXPENDITURES (IN THOUSANDS)	THOUS	SANDS)	i								
PART I: BY ELEMENTS	MOF	MOF PRIOR YR FY 2007-08	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2009-10 FY 2010-11 FY 2011-12 FY 2012-13 FY 2013-14 FY 2014-15	SUCCYR
PLANS	*	0	0	0	1	0	0	0	0	0	0
LAND ACQUISTION	*	0	0	0	~	0	0	0	0	0	0
DESIGN	*	0	0	0	_	0	0	0	0	0	0
CONSTRUCTION	*	0	0	0	0	~	0	0	0	0	0
EQUIPMENT	*	0	0	0	0	~	0	0	0	0	0
TOTAL COST		0	0	0	3	2	0	0	0	0	0

PART II: BY MEANS OF FINANCE	MOF	NCE MOF PRIOR YR FY 2007-	Y	38 FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	Y 2008-09 FY 2009-10 FY 2010-11 FY 2011-12 FY 2012-13 FY 2013-14 FY 2014-	FY 2014-15	SUCC YR
G.O. BONDS	ပ	0	0	0	3	2	0	0	0	0	0
TOTAL COST		0	0	0	3	.2	0	0	C	c	

REPORT: TABLE Q - CAPITAL PROJECT DETAILS PROGRAM ID: AGR-101 CAPITAL PROJECT: SAMPLE

	COST ESTIMATES (\$1,000'S) FINAL COST	(\$1,000'S)	FINAL COST
COST ELEMENTS	ORIGINAL	CURRENT	(\$1,000'S)
PLANS	_	0	0
LAND ACQUISTION	~	0	0
DESIGN	-	0	0
CONSTRUCTION		0	0
EQUIPMENT	~	0	0
TOTAL	5	0	0

STATE APPROPRIATIONS (\$1,000'S)

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C	0	0	0	0	0		TOTAL
ΞI	NOTIONION	DEGICIA					
FOLIPMENT	CONSTRUCTION	DESIGN	LAND ACQUISTION	PLANS	TOTALS	ITEM	YR ACT
							SLH

REPORT: TABLE R - CAPITAL PROJECT INFORMATION AND JUSTIFICATION SHEET PROGRAM ID: AGR-101 CAPITAL PROJECT: SAMPLE

	_	
EXPENDING AGENCY		AGR
ITEM NUMBER		-
PROJECT SCOPE		N - NEW PROJECT
REP DISTRICT	004	1.00
ISLAND	110101011 C	S - HAWAII
PRIORITY NUMBER	7	
SENATE DISTRICT		

PROJECT TITLE: PROJECT TITLE, ISLAND

PROJECT DESCRIPTION: PLANS, LAND ACQUISITION, DESIGN, CONSTRUCTION AND EQUIPMENT FOR NEW PROJECT. COST ELEMENT LANGUAGE MUST MATCH COST ELEMENTS FOR REQUESTED APPROPRIATIONS.

TOTAL ESTIMATED PROJECT COST (\$1,000'S):

PRIOR APPROPRIATIONS:

<u> </u>	-II C
-NEMPHINEN)
CONSTRUCTION	0
DESIGN	0
LAND ACQUISTION	0
PLANS	0
TOTALS	0
ITEM	
SLH YR ACT	TOTAL

APPROPRIATIONS:

					REQUESTED	STED	FUTURE	TOTAL
PART I: BY ELEMENTS	MOF	PRIOR YR	PRIOR YR FY 2007-08 FY 2008-09 FY 2009-10 FY 2010-11	FY 2008-09	FY 2009-10	FY 2010-11	YEARS	PR
PLANS	*	0	0	0	~	0	0	
LAND ACQUISTION	*	0	0	0	7 -	0	0	
DESIGN	*	0	0	0	τ-	0	0	
CONSTRUCTION	*	0	0	0	0		0	_
EQUIPMENT	*	0	0	0	0	Υ-	0	
TOTAL COST		0	0	0	3	0		ı

יר	С	2	3	0	0	0		TOTAL COST
5	0	2	3	0	0	0	ა	G.O. BONDS
PROJ COST	YEARS	-Y 2009-10 FY 2010-11	-1	FY 2008-09	FY 2007-08 FY 2008-09	PRIOR YR	MOF	PART II: BY MEANS OF FINANCE
TOTAL	FUTURE	STED						,

E OF PROJECT:	OMPLETED BY DEPARTMENT
A. TOTAL SCOPE OF PRO	TO BE COMPLETE

B. IDENTIFICATION OF NEED AND EVALUATION OF EXISTING SOLUTION: TO BE COMPLETED BY DEPARTMENT

C. ALTERNATIVES CONSIDERED AND IMPACT IF PROJECT IS DEFERRED: TO BE COMPLETED BY DEPARTMENT D. DISCUSS WHAT IMPROVEMENTS WILL TAKE PLACE, WHEN PROJECT COMPLETED (INCLUDING BENEFITS TO BE DERIVED AND/OR DEFICIENCIES THIS PROJECT INTENDS TO CORRECT): TO BE COMPLETED BY DEPARTMENT

E. IMPACT UPON FUTURE OPERATING REQUIREMENTS (SHOW INITIAL AND ONGOING FUNDING REQUIREMENTS BY COST ELEMENT, INCLUDING POSITION COUNT, MEANS OF FINANCING, FISCAL YEAR):
TO BE COMPLETED BY DEPARTMENT

F. ADDITIONAL INFORMATION: TO BE COMPLETED BY DEPARTMENT

FB 09-11 BUDGET DEPARTMENT SUMMARY OF PROPOSED CIP LAPSES AND NEW CIP REQUESTS DEPARTMENT OF

	PART	A: PRC	PART A: PROPOSED LAPSES	APSES			Am	Amount	- 1
	Dept Pri	Act/Yr	Item No	Proi No	Droject Title and Descent for I				1
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					Special Finds	(α	•		
					chan I miosed		•		
		٠			General Obligation Bonds		•		
					Kelmbursable GO Bonds		•		
					Revenue Bonds			,	
					Federal Funds				
					Private Contributions	<u>~</u>		•	
					County Finds		-		
					Inferdenartmental Transfers				
					ייינכי עבייבין יייבי אייני פייבין יייבי בייבין יייבי		•		
					Kevolving Funds		•		-
					Other Funds	×	•	1	
_	TOVO	D. NEW	W DECLIE	7.					- 1
	200	Dog Don't	V REGUE	212					1
	Cat	P e	Prod ID	Pro: No	Oroice CHIT	-	7	ì	
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<u> </u>	C Com	pletion of (Completion of Current Projects	cts	Special Finds	מ מ			
	HS Heal	Ith. Safetv.	HS Health, Safety, Court Mandates	ates	change rejected transfer	3 (•	
	F	Fnerov Efficiency	۷.۷	}	General Obligation bonds	، د	•		
`		By Emole	icy		Kelmbursable GO Bonds	۵	•		
		ernor's Pro	Governor's Program Initiatives	les	Revenue Bonds	ш	•	•	
	O Other	<u></u>			Federal Funds	z	•	,	
					Private Contributions	ĸ	ı	,	
					County Funds	ഗ	I	ı	
					Interdepartmental Transfers	\supset		1	
					Revolving Funds	≥	1		
					Other Elizabour	: ×		1	
					כמום - מומס	<	•	1	

INSTRUCTIONS FOR FORM S: SUMMARY OF CIP LAPSES AND NEW REQUESTS

Form S consists of Part A - Proposed Lapses and Part B - New Requests.

Item Description and Preparation Instructions

Date Prepared/Revised

<u>Underscore</u> as applicable and enter date.

Part A - Proposed Lapses

Act/Year

Enter the act number and year enacted of the project that is being proposed for lapsing.

Item Number

Enter the item number of the project from Part IV of the appropriations act (e.g., G-12).

Capital Project Number

Enter the capital project number as shown in the appropriations act.

Project Title and Reason for Lapsing

Enter the project title as shown in the appropriations act and the reason why the appropriation should be lapsed (e.g., project completed, project cancelled, etc.).

Means of Financing (MOF) and Amount

Enter the MOF and the amount of funds proposed for lapsing.

Total by MOF

Totals, including breakdown by MOF, will be automatically computed. If lapsing an MOF which is not shown on Form S, you can type over (overstrike) any unused MOF line (letter code and description) with the desired MOF code and description. Formulas have been entered on these lines to compute the MOF totals automatically.

Part B - New Requests

Request Category

Indicate the type of request, as allowed in the Budget guidelines.

- Maintenance of Existing Facilities.
- Completion of Current Projects.
- <u>Health, Safety, Court Mandates</u>: Requests for critical, unanticipated emergencies relating to public health and safety, or court order/federal mandate requirements.
- Energy Efficiency.
- Governor's Program Initiatives: Requests initiated by the Governor's Office.
- Other: Requests that do not fit the above categories.

Priority

Enter the unique priority number that your department has assigned to this request.

Program ID and Project Number

Enter the program ID and project number of the project. Do not leave these fields blank.

Project Title

Enter the facility or project name and brief descriptive statement of the project; e.g., Kahuku High School - repave parking lot.

MOF and FB 2009-11

Enter the requested amounts by MOF for each project.

Total by MOF

Totals, including breakdown by MOF, will be automatically computed. If requesting an MOF not shown on Form S, you can type over (overstrike) any unused MOF line (letter code and description) with the desired MOF code and description. Formulas have been entered on these lines to compute the MOF totals automatically.

FORM PAB

Department of Budget and Finance (rev. 7/94)

Questionnaire - General Obligation Bond Fund Appropriations

PART 1								
1 Department	: .							
2 Project Nam	ne					3 Project CIP	No.	
4 Session Lav	v (act no. and ye	ear)	5 Program Area Function			6 Item No.		
7 Project Des	cription							
PART 2	Project Cost a	and Funding	Sources					
			ral obligation bond fund appr	onriations?			Yes	□No
	•		on other than signature and d	•				
			portion of project prior to this		•		Yes	□No
any ap	orophations bee	ir made for any	portion of project prior to this	s request:	•		∐ les	
			e by this request					Ball Carlo
a			ection and related capital costs					
<u>b</u>	General obligation	· · · · · · · · · · · · · · · · · · ·	opriations					
d d	Other State of Ha		unde					1 1 11 11
e	Section 501(c)(3)		unus					
f	Private funds							
g		osts made by this	request					
		1 11 11 11						
PART 3			ond fund appropriations		-		· · · · · · · · · · · · · · · · · · ·	
			ch purpose to which general	obligation bond	fund appropri	iations will be a	applied	
a .	Total construction	<u>-</u>						
b			tal State of Hawaii costs					
C	Total grants to co		ornarations			·		
d			I organizations and Federal gove	rnment				
e f	Private funds	vate persons and	organizations and rederal gove	aninent .				
g		ction 501(c)(3) co	rporations					
h	Total loans to Section 501(c)(3) corporations Total loans to private persons and organizations and Federal government							
i Total use of general obligation bond fund appropriations								
12 Total square footage and percentage of use of project for each purpose								
to which general obligation bond fund appropriations will be applied					Square	Footage	Percenta	ge of Total
а	Total common are	ea .						
b	Total area used b	y State of Hawaii	and counties					
С	Total area used by Section 501(c)(3) corporations							
d	Total area used by private persons and organizations and Federal government in trade or business							
	Total area							
e	Total alea							
PART 4 Payment of operating and debt service costs and management of project								
13 Will any lease or contract with a concessionaire or vendor be entered into in respect of								
any portion of the project? If yes, attach schedule and copy of each contract.								
14 Will any lease, incentive payment contract or management contract be entered into in respect of							□No	
any portion of the project? If yes, attach schedule and copy of each contract.								
			irectly) by the Federal govern			r .	Yes	□No
=			arrangement in respect to ar	ny portion of the	e project?			
If yes, attac	ch schedule and	copy of each o	ontract.					
Name of Sign	er l	Signature		Date		Telephone Nu	ımber	
		3						
				L		<u> </u>		

Instruction for Form PAB

Who must file this Form PAB. Anyone requesting any appropriation of general obligation bond fund must file this Form PAB.

Where to file. This Form PAB must be filed with the Budget, Program Planning and Management Division of the Department of Budget and Finance.

Purpose. The purpose of this Form PAB is to elicit information that will enable the State of Hawaii to allocate general obligation bond fund appropriations in a manner that will comply with applicable requirements of Federal income tax law and regulations.

- *Line 1*. Enter the name of the Department making the request for general obligation bond fund appropriations.
- *Line 2*. Enter the name of the project for which general obligation bond fund appropriations are being requested.
- Line 3. Enter the CIP number for the project.
- Line 4. Enter the act no. and year of Session Law Act under which appropriations have been made or are to be made for the project.
- *Line 5.* Enter the program area function (e.g., economic development).
- Line 6. Enter the item number of the project.
- *Line 7.* Enter the description of the project (e.g., Waianae Rental Housing).
- *Line 8.* Check the 'yes' box if *any* portion of the project is to be funded with general obligation bond fund appropriations. Otherwise, check the 'no' box, if the 'no' box is checked, no other information on Form PAB, other than the signature line, is required. Please sign, date and return this Form PAB.
- Line 9. Check the 'yes' box if any appropriation has been made for any portion of the project prior to this request, and attach the prior Form PAB or schedule containing all relevant details including the date, amount, and Session Law act and year.
- **Line 10**. With respect to the appropriations (regardless of the source of such appropriations) made by this request for funding of any portion of the project:
- a. Enter the amount made or expected to be made by the Federal government including reimbursements, for construction and related construction and acquisition costs in respect of the project.
- b. Enter the amount funded or expected to be funded from general obligation bond fund appropriations.
- Enter the amount funded or expected to be funded from general fund appropriations.
- d. Enter the amount funded or expected to be funded by other State of Hawaii funds or county funds.
- e. Enter the amount funded or expected to be funded by payments from corporations which are classified as section 501(CX3) corporations under the Internal Revenue Code.
- f. Enter the amount funded or expected to be funded by private persons and organizations.
- g. Enter the total of the amounts in a, b, c, d, e, and f of Line 10. Attach a schedule containing all details, including amounts and name and address of each person contributing to the funding of the project. Funding as used in this Line 10 means funding for capital and related acquisition items, including land, but does not include funding of operational and maintenance expenses or debt service payments after the in-service date of the project.
- *Line 11.* With respect to the general obligation bond fund appropriations made by this request for funding of any portion of the project:

- a. Enter the total amount made or expected to be made for construction and related construction and acquisition costs of the project.
- b. Enter the total amount made or expected to be made to pay other State of Hawaii costs (e.g., a judgment claim, a contract settlement payment).
- Enter the total amount of grants made or expected to be made to counties in the State of Hawaii.
- d. Enter the total amount of grants made or expected to be made to section 501(CX3) corporations.
- e. Enter the total amount of grants made or expected to be made to private persons and organizations and the federal government.
- f. Enter the total amount of loans made or expected to be made to counties in the State of Hawaii.
- g. Enter the total amount of loans made or expected to be made to section 501(CX3) corporations.
- h. Enter the total amount of loans made or expected to be made to private persons and organizations and the federal government.
- Enter the total of the amounts in a, b, c, d, e, f, g and h of Line 11.

Attach a schedule containing all details, including amounts and name and address of recipients of bond fund appropriations.

- Line 12. Enter, to the extent applicable (e.g., an office building), the total square footage and percentage of total square footage of the project used by various persons or organizations. All use, including indirect and incidental use, is to be included.
- The total common area (e.g., hallways, parking structure) used by all persons and organizations.
- b. The total area (excluding the common area) used exclusively by the State of Hawaii and counties in Hawaii.
- c. The total area (excluding the common area) used exclusively by section 501(CX3) corporations.
- d. The total area (excluding the common area) used exclusively by private persons and organizations (including concessionaires and vendors) and the Federal government in their trade or business.
- e. Enter the total of the amounts in a, b, c and d of Line 12.

Attach a schedule containing all details, including a breakdown by area used, and name and address of each user.

- Line 13. Check the 'yes' box if any lease or contract with a concessionaire or vendor is expected to be entered into in respect of any portion of the project (e.g., vending machines, newsstand, store, pharmacy, pay telephones, onsite laundry services, cafeteria or other food services). Attach a separate schedule containing all relevant details, including the date, the name and address of each concessionaire or vendor, the terms and provisions of the lease or contract, and a copy of the contract.
- Line 14. Check the 'yes' box if any lease, incentive payment contract or management contract is to be entered into in respect of any portion of the project. Attach a separate schedule containing all relevant details, including the date, the name and address of each party to such lease or contract, the terms and provisions of the lease or contract, and a copy of the lease or contract.
- Line 15. Check the 'yes' box if any payment is expected to be made (directly or indirectly) by any private person or entity or the Federal government pursuant to contract or other arrangement in respect of any portion of the project. Attach a separate schedule containing all relevant details, including the date, the name and address of each party to such contractor arrangement, the terms and provisions of the contract or arrangement, and a copy of the contractor a description of the arrangement.